

Public Employees Insurance Agency

Comprehensive Care Program

Provider Manual



April 2013

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Definitions

Capitation – an agreed upon amount to be paid to the CCP provider for each enrolled member for each month that the member is enrolled.

Comprehensive Care Partnership (CCP) – provider based healthcare program to promote primary care services, the coordination of all services and efficient healthcare delivery while saving the member out-of-pocket costs and ensuring consistent reimbursement to the provider.

Comprehensive Care Program Provider – A medical provider who contractually agrees to provide primary care services and coordination of care to PEIA participating members on a capitated basis.

Medical Home Provider (MHP) – A WV provider who is a general practice doctor, family practice doctor, internist, pediatrician, geriatrician or OB/GYN who has enrolled with HealthSmart as a medical home provider and who is listed in PEIA's Medical Home directory.

Member – PEIA PPB Plan A, B or D participant who enrolls in PEIA's CCP. Members enrolled in PPB Plan C are not eligible.

Outcome Measures – calculation of quality measures, utilization, and outcome of service categories specified in the contract.

Quality Measures – 13 preventative care goals and measures for diabetes, preventative care, and obesity.

Per Member Per Month (PMPM) – each individual enrolled in the plan is considered a member.

Policyholder – the employee or retired employee or surviving dependent in whose name the PEIA provides any health or life insurance coverage.

Introduction

PEIA offers a primary care program that allows members to receive primary care services and care coordination, while paying less. This benefit option is the Comprehensive Care Partnership (CCP) Program. Its purpose is to promote primary care health services, identify health problems early and maintain control of chronic conditions.

Members who enroll in the CCP Program will have no co-payments or coinsurance for services at their CCP provider. CCP providers are expected to provide all primary care services, coordination of care, and with some CCP locations also provide pharmacy benefits.

Provider Participation

Medical clinics and provider practices which provide primary health care services and who agree to the contractual requirements of the program may participate in the CCP program.

1. The clinic/provider must operate a West Virginia practice with services primarily provided in West Virginia. If a provider has multiple locations, which include an out-of-state location, then services provided at the out-of-state location will be included in the CCP reimbursement methodology.
2. Out-of-state locations are not eligible to participate and will not be listed in the CCP Provider Directory.
3. Multi-specialty clinic/provider practices are eligible.
4. All providers who practice under the specified FEIN will be included in the CCP arrangement. In other words, all providers practicing under the FEIN will be included in the CCP plan.
5. Pharmacy benefits may be included if the CCP owns/operates a pharmacy.

Contractual Agreement

All CCP providers must sign a participation agreement. The agreement is between the CCP provider and PEIA's third party administrator, currently HealthSmart. The agreement stipulates:

1. Capitation amounts paid to the provider – the capitation allowance is developed in coordination with the CCP provider and PEIA through data analysis.
2. The agreed upon risk pools
3. Capitated services – services that are included in the cap payment.
4. Non-capitated services – services excluded from the cap payment.
5. Withhold amounts/percentages, if any
 - a. Withhold payment schedule
 - b. Withhold measures to be attained
6. Reports for PEIA, TPA and Clinic/Provider Practice – the following reports are further described in Exhibit 4
 - a. Clinic capitations
 - b. Capitation to Fee for Service (FFS) reimbursement comparison and savings calculation
 - c. Non-capitated Services
 - d. Practice Detail
 - e. Benchmark Detail
 - f. Process and Outcome Measures

7. Hold Harmless Provision – the clinic/provider practice must hold the member harmless from payment for all services listed as “capitated services” as listed in Exhibit 1. Services may vary from provider to provider. Most CCP providers include all services provided by that particular provider organization.
8. Stop Loss Provision – There may be specified services considered outside the monthly capitation fee. For these services, the provider may be eligible for additional reimbursement based on the utilization for these specific codes.
9. Health Care Services – The CCP provider must provide all specified Health Care Services to PEIA members properly enrolled in the program.
 - a. All Health Care Services provided under the CCP provider’s FEIN are included in the base capitation.
 - b. The Capitation Amount is paid per month for each enrolled member regardless of the amount or frequency of the capitated Primary Health Care Services incurred by the member.
 - c. PEIA members participating in the Program should receive all of their Primary Health Care at the Clinic/Provider practice.
10. Care Coordination – the CCP provider is required to coordinate the medical care of the PEIA participating CCP members.
 - a. It is required that the provider encourage PEIA members to seek necessary referral to other provider and/or specialists through the CCP provider.
 - b. The CCP provider will receive only the agreed upon Capitation Amount with respect to the enrolled PEIA members; however, the CCP provider must submit properly coded claims to the TPA for all health care services provided to PEIA members.
 - i. These claims are paid by the TPA at a zero payment amount for all claims billed under the CCP provider’s FEIN.
 - ii. Claim submission will facilitate care coordination and outcome reporting.
11. Quality Measures/Clinical Process and Outcome Measures Withhold – The measures and goals listed in Exhibit 3 are tracked and reported on a quarterly basis.
 - a. Reports are generated at the end of the month following the end of the quarter.
 - b. Members with 12 months of eligibility and no more than a one-month lapse in coverage are included in the reports.
 - c. Quality Goals:
 - i. Year One of the Program
 1. 70 – 100% of measures achieved – 100% of eligible savings
 2. 60 – 69% of measures achieved – 90% of eligible savings
 3. 50 – 59% of measures achieved – 70% of eligible savings
 4. Less than 50% of measures achieved –0% of eligible savings.
 - ii. Year Two of the Program
 1. 80 – 100% of measures achieved – 100% of eligible savings
 2. 70 – 79% of measures achieved – 90% of eligible savings
 3. 60 – 69% of measures achieved – 70% of eligible savings
 4. Less than 60% of measures achieved –0% of eligible savings.
 - iii. Year Three and Forward
 1. 90 – 100% of measures achieved – 100% of eligible savings
 2. 80 – 89% of measures achieved – 90% of eligible savings
 3. 70 – 79% of measures achieved – 70% of eligible savings
 4. Less than 70% of measures achieved –0% of eligible savings.

12. Process and Outcome Measures Reporting – Reports are generated as agreed between PEIA, TPA and the Provider. A list of reports is included in Exhibit 4. They are:

- a. Diabetes Measures – all patients ages 18 to 75 with Type 1 or Type 2 diabetes.
 - i. % of patients who have had an A1c in the last 12 months.
 - ii. % of patients who last A1c is > 9.
 - iii. % of patients who have had a retinal or dilated eye exam in the last 12 months.
 - iv. % of patients with LDL exam in the last 12 month.
 - v. % of patients with BS < 140/80/
- b. Preventive Care Measures
 - i. % of patients 50 years or older with influenza vaccination in the last 12 months.
 - ii. % of patients 65 years or older with pneumococcal vaccination
 - iii. % of women ages 42 – 51 years of age with mammogram screening.
 - iv. % of women ages 52 – 59 years of age with mammogram screening.
 - v. % of women ages 42 - 69 years of age with mammogram screening.
 - vi. % of women ages 21 – 64 with PAP smear in the last year. % of patients age 50 to 80 with appropriate colorectal cancer screening.
- c. Other Measures
 - i. % of patients ages 5 to 56 with persistent asthma with a prescription for long-term control
 - ii. % of adults ages 16 – 75 years of age with documented BMI.

13. Term – This contract automatically renews each year on the contract effective date. The contract may be cancelled by either party by providing 30 days written notice to the other party.

Tab A of this manual includes a sample contract with samples of Exhibits 1, 2, 3 and 4. The contacts and exhibits may vary from provider to provider.

PEIA Responsibilities

1. CCP Determinations
 - a. What is the potential CCP provider's FEIN and who are the providers paid under this FEIN?
 - b. Is the potential CCP a Medical Home Provider (MHP)? A provider may not be a CCP and MHP provider. If the provider chooses to become a CCP provider, the MHP status will end and the provider is removed from the Medical Home Provider Directory.
 - c. Determine services to be included in the capitation rate.
 - d. Calculate an appropriate capitation rate based on utilization data of PEIA patients.
 - e. Obtain CCP locations, addresses, and phone numbers for provider directory
 - f. Request CCP ID numbers from HealthSmart
2. Provider Directory
 - a. Prepare individual CCP provider directory for initial mailing
 - b. Add new CCP provider IDs to the Comprehensive Provider Directory which includes all CCP provider and locations. The providers for this directory are listed by the provider's name and are sorted by county.
3. Member Eligibility
 - a. Only PEIA PPB Plan members who are enrolled in PPB Plan A, B or D are eligible.
 - b. PPB Plan C members who are enrolled in the "High Deductible Plan" are not eligible for enrollment in the CCP Plan.
 - c. Medicare primary members (retired with Medicare) are not eligible to enroll in the CCP Plan.
 - d. Active members with Medicare as a secondary payor may enroll. This would be an employee over the age of 65, but still working.
 - e. Each covered member may enroll and may choose different providers. This means that a policyholder may enroll and choose a CCP provider that is different from those chosen for the enrolled dependents. This most often occurs when a pediatrician is the CCP for the dependent children.
4. Member Solicitation – PEIA prepares and mails member enrollment packets to eligible members. Tab 2 includes a sample of a member enrollment packet.
 - a. New Providers – First Mailing
 - i. The initial step is to agree on a per member/per month (PMPM) capitation amount to be paid to the new provider. This PMPM is based on the services and cost of the services provided and is developed through claim data. Reports of the provider's cost and utilization of services are shared with the provider to finalize the PMPM cap amount.
 - ii. An address file is obtained from HealthSmart that includes all patients seen by the CCP provider within the past year.
 - iii. Enrollment packets are mailed to these members. The packet (see attachment A – Member Packet) includes:
 1. Member letter explaining the program;
 2. Provider directory of the "new" CCP provider; and
 3. Enrollment form.
 - b. Member Solicitation by County
 - i. This Member Solicitation and Enrollment packet is intended for any member who is not enrolled in a CCP program.

1. PEIA obtains an address file of all PEIA PPB Plan members in Plans A, B and D. Plan C members are not eligible for the CCP program.
 2. PEIA mails an enrollment packet to members not enrolled in the CCP program. The packet includes:
 - a. Member letter explaining the program;
 - b. Provider directory of the CCP locations within the counties of the members receiving the mailing;
 - c. Enrollment form.
5. Member Enrollment – PEIA receives the enrollment forms from the members. PEIA then enters the CCP selection of each of the members into the PEIA Benefits Administration System (BAS).
 - a. Each Monday morning, a file of all CCP members is added to the FTP folder of each CCP provider. This file is used to identify new members and members who may have terminated coverage.
6. Billing Instructions – CCP providers must submit properly coded claims to the TPA for all health care services provided to the PEIA members.
 - a. The CCP provider will receive only the agreed upon Capitation Amount with respect to the enrolled PEIA members.
 - i. Claims are processed by the TPA with no payment generated for the CCP members. All claims billed under the CCP provider's FEIN are included in the cap allowance.
 - ii. Claim submission will facilitate care coordination and outcome/measures reporting.
 - b. Claim Forms – Clinic and physician practices generally file claims using the CMS-1500 claim form. Submit claim form to:

HealthSmart Benefit Solutions
P. O. Box 2451
Charleston, WV 25329-2451
 - c. Electronic billing is preferred and encouraged. For assistance with electronic claim submission, contact HealthSmart at 888-440-7342.
 - d. Timely Filing – provider must file claims with in the 6-month timely filing period. Although no payments are made for these services, the data is needed to accurately report outcomes and measures and this may affect the CCP savings and outcomes calculations.
7. CCP ID Cards – PEIA will generate a CCP ID card to each enrolled member at the time of enrollment.
 - a. The ID card will include the member's name, ID number, and CCP location.
 - b. There is not an effective date. You will need to refer to the weekly enrollment report to determine the program effective date.
 - i. There is a date on the letter, which is the date the letter is mailed. It is reasonable to assume the effective date is the first of the month following the letter date.
 - ii. See page 34 for a sample CCP ID card.
8. Weekly Enrollment Reports – A weekly enrollment report is generated each Monday. Notification that the report has been placed in the CCP folder is sent to those designated by the CCP provider as recipients of the report. The report includes:

- a. Employee (policyholder) ID number – change the first two zeros to 77 and you will have the ID number with which to bill the TPA
 - b. Member ID number - you do not use this number when billing the TPA
 - c. Enrolled member's last name
 - d. Enrolled member's first name
 - e. Enrolled member's middle initial
 - f. Enrolled member's suffix, if any (usually blank)
 - g. Enrolled member's relationship to the policyholder
 - h. Birthdate of the enrolled member
 - i. Home phone number of the policyholder
 - j. CCP provider ID number – this is the number PEIA uses to send the TPA the CCP provider of choice for this member
 - k. Location name is the CCP location chose by the members
 - l. CCP Start Date is the effective date of the CCP program for this member
 - m. CCP End date is the termination date of the CCP program for this member
 - n. Address Lines 1 & 2 are the address of the policyholder
 - o. City, State and Zip are the City, State and Zip of the policyholder
 - p. TBF – reports the tobacco status of this family
 - i. P = policyholder uses tobacco
 - ii. B = policyholder and another family member use tobacco
 - iii. Y = all members reported they are tobacco free
 - iv. Blank = the policyholder did not report their tobacco status, therefore they are paying the tobacco user premiums
 - q. DBT – indicates that the policyholder does or does not participate in PEIA's Face-To-Face diabetes education program
 - i. Y = policyholder is enrolled.
 - ii. Blank – not enrolled
 - r. WME – indicates that the policyholder is or is not enrolled in PEIA's Medical Weight Management Program.
 - i. Y = policyholder is enrolled.
 - ii. Blank – not enrolled
 - s. Employer Information – the next 6 fields include the policyholders employer information
 - i. This was requested by CCP Providers so that they could contact a large group of members for enrollment solicitation, to offer preventive services and for educational sessions.
9. Pre-authorization and pre-certification is required of some services to determine medical necessity and/or coverage of benefits. Generally, requests for pre-authorization/precertification by are for procedures covered only under certain documented circumstances, such as chelation, potentially cosmetic procedures, vision or massage therapy and accident-related dental care.
- a. If a procedure is pre-authorized/pre-certified, then the service performed by the CCP provider is included in the monthly capitation payment.
 - b. If the procedure is denied and non-covered and the member chooses to proceed with the procedure, then the member is responsible for the non-covered service.
10. Reports
- a. CCP Cap Development Report – this report is generated to determine the appropriate capitation amount that should be paid PMPM. This report and capitation development

includes services provided by the potential CCP provider. All services rendered under the potential CCP provider's FEIN are included.

- b. Quarterly Quality and Outcome Measures Reports
- c. Utilization of non-CCP providers – includes services provided by all non-CCP providers. It includes:
 - i. Primary care
 - ii. ER
 - iii. Hospitalizations
 - iv. Pharmacy
 - v. Specialists

These reports are used to monitor utilization and improve outcomes.

- 11. Provider Directory – PEIA maintains provider directories for individual CCPs and an aggregate directory.
 - a. The individual CCP provider directory is included in the initial (New Provider) member packet.
 - b. The aggregate provider directory is included in the county, by county mailings when all members living within the specified counties are invited to enroll in a CCP of their choice.

TPA Responsibilities

PEIA's Third Party Administrator, currently HealthSmart Benefit Solutions, is responsible for claim processing, contract development, member/provider customer service, and PMPM cap payments.

- 1. Claim Processing – claims for the CCP providers are processed to allow PEIA standard fee allowances, but with no payments to providers and no copayments/coinsurance/deductibles for the member. These claims do NOT appear on the weekly provider remittance, but there is a monthly capitation report that is sent to the FTP folder when the capitations payments are sent.

- a. The weekly provider remittance from HealthSmart only includes processing notification for non-CCP member claims.
 - b. Non-CCP claims are processed as normal.
 - i. Non-CCP member claims are processed through the normal process with normal provider and member responsibilities.
 - ii. Claims rendered prior to the effective date or after the termination date of the CCP Plan are processed with normal provider and member responsibilities.
2. Contract Development – after the CCP capitation amount has been finalized, HealthSmart generates the contract for signatures. The contract is signed by the CCP Provider's designated representative and HealthSmart's designated representative.
 3. Assignment of CCP Provider IDs – based on the information submitted by the provider, HealthSmart assigns CCP ID numbers. The ID numbers identify the locations of the CCP providers and must be used by the members when they enroll.

Member Responsibilities

Members who enroll in the CCP do so by choice. The member agrees to receive all of his/her primary healthcare from the CCP provider. Enrolled members have no copayments, coinsurance or deductibles to meet for services provided at their CCP location. The success of the program requires a working partnership between the CCP provider and the patient/member. Participating members agree to:

1. Use their CCP provider for all health care available at their designated CCP;
2. Contact their CCP provider before receiving medical care from providers; and
3. Participate in an initial health assessment and subsequent to the initial assessment, at least once every two years.

Members who do not comply with the requirements of the program may be dis-enrolled. To dis-enroll a non-compliant member, send a written request to PEIA. Include the member's name, ID number and reason you wish to dis-enroll the member.

CCP Provider Responsibilities

The purpose of the CCP and the "Patient-Centered Medical Home" is to promote the use of health services to keep the patient well, identify health problems early, maintain control of chronic conditions and to promote efficient utilization. As such, the following is required of the CCP health center:

1. Perform an initial evaluation of the member to include an assessment of their preventive health care services and overall health status.
2. Inform the member of recommended preventive health services and provide or coordinate the provision of those services.
3. Be accessible when the member is ill and/or educate the member on how to access services when the CCP is not immediately available.
4. Provide 24 hour telephone access to a medical provider.
5. Coordinate care with specialist to whom members are referred and assure that all information and treatment plans are consistent.

6. Notify PEIA of non-compliant members who should be removed from the program.

Contacts

Who to Call With Questions

Questions	Company	Phone Numbers	Web Site
Health claims, benefits, pre-authorizations, prior approvals for out- of- state services, web portal	HealthSmart Benefit Services	1-888-440-7342	www.healthsmart.com
Prescription Drug Benefits	Express Scripts	1-877-256-4680	www.express-scripts.com

Prescription Drug: <ul style="list-style-type: none"> • prior authorizations • step therapy • quantity limits 	Rational Drug Therapy (RDT)	1-800-847-3859 Fax: 1-800-531-7787	
CCP Plan Administrative questions, issues, reporting	PEIA	888-680-7342	www.wvpeia.com

TAB

A

Sample Contract

West Virginia Public Employees Insurance Agency (PEIA)
Comprehensive Care Pilot Program Provider Agreement

This AGREEMENT is entered into and effective AAA, 2011, by and between HealthSmart Benefit Services (hereinafter “TPA”) and XXX (hereinafter “Clinic”):

WHEREAS, TPA is the entity duly selected by PEIA to perform by contract on behalf of PEIA, inter alia, medical provider claims payment activities; and

WHEREAS, PEIA desires to conduct a Comprehensive Care Plan program whereby certain contractually participating medical providers will be paid a monthly global capitated amount to provide all of the Primary Health Care Services to certain PEIA members who voluntarily enter the Program; and

WHEREAS, Clinic wishes to participate in the Program and to provide said Health Care Services to participating PEIA members on a capitated basis;

Now THEREFORE, the TPA and Clinic agree as follows:

1. Capitations/Reimbursement

- a. Clinic shall be paid a monthly Capitation Amount for each PEIA member properly enrolled in the Program at the Clinic. Payment for each respective member will begin in the month following initial enrollment in the Program. PEIA, TPA, and Clinic will agree, in writing, to appropriate member enrollment protocols.
- b. The Capitation Amounts to be paid are as set forth in Exhibit 1, hereto.
- c. The count for the member and category of PEIA members upon which the Capitation Amount is paid each month will be determined by PEIA upon the agreed written protocols and provided to TPA by PEIA via an Excel Spreadsheet or standard file

transfers. TPA will process payments in the second claim run of the month (on or about the second Thursday of each month).

d. Capitations are due the month following the service month so that capitations will not be advance payments but, payments for services previously rendered, i.e., capitations for the month of May will be paid on the second claim run in the month of June.

e. Established budgets – Established budgets are defined in Exhibit 2:

i. Non-Capitated services (all services not covered under the Capitation) will be part of the established budget.

1. Specific areas under non-capitated services will be analyzed in the following budgets.

- a. Hospital
- b. Emergency Room
- c. Specialist
- d. Pharmacy
- e. Clinical Lab/Pathology
- f. Radiology
- g. All Other

2. Budget reports will be done quarterly at the end of the third month following the end of the quarter, for members with more than 12 months continuous eligibility in the program.

3. Failure of Clinic to achieve the required quality care guidelines and outcome measures listed below will void any budget sharing for that time period.
 4. Overall savings from expected to actual budget results will be settled as outlined in Exhibit 2. The budget payment will be paid based on the report generated for the quarter ending at the end of the initial 12-month period . Payment of the budget savings will be made within 30 days of validating the data.
- f. Hold Harmless – For the provision of Primary Health Care Services to members participating in the Program, Clinic will accept as exclusive payment the payments called for in this Agreement and Clinic will hold harmless any member enrolled in the Pilot Program from payment of any additional amount for Primary Health Care Services received at the Clinic. TPA will not be responsible for any payments to Clinic which are in excess of amounts funded by PEIA for Clinic payments.

2. Health Care Services

- a. Clinic shall provide without limitation all specified Health Care Services to PEIA members who are properly enrolled in the Program .
- b. All Health Care Services provided by the Clinic's FEIN will be covered under the base capitation. Clinic will receive the same agreed upon Capitation Amount per month per enrolled member regardless of the amount or frequency of the capitated Primary Health Care Services which that member requires.

3. It is understood that PEIA members participating in the Program should receive all their Primary Health Care at the Clinic, except for Emergency Situations and Out-of-State Travel Situations.
4. Care Coordination
 - a. Clinic shall coordinate the medical care of PEIA members participating in the Program.
 - b. Clinic shall encourage PEIA members participating in the Program to seek necessary referrals to other provider and/or specialist providers through the Clinic and Clinic shall keep appropriate records of such referrals.
 - c. Although Clinic will receive only the agreed upon Capitation Amounts with respect to PEIA Members participating in the Program, Clinic will prepare and submit properly coded "claims" to TPA for all Basic Health Care Services provided to said members to facilitator record keeping and care coordination. Such claims will be paid by TPA at a zero amount for all claims billed for the Clinic's FEIN numbers.
5. Quality Measures/Clinical Process and Outcome Measures Withhold
 - a. The measures and goals set forth on Exhibit 3 will be tracked and reported quarterly.
 - i. Clinical process and outcome measures will be reported quarterly in the end of the month following the end of the quarter for members with more than 12 months continuous eligibility in the program.
 - ii. Quality Goals:
Year One of Program:
 1. 70 - 100% of measures achieved ---100% of eligible savings
 2. 60 - 69% of measures achieved --- 90% of eligible savings
 3. 50 - 59% of measures achieved --- 70% of eligible savings

4. Less than 50% of measures achieved --- 0% of eligible savings

Year Two of the Program:

1. 80 – 100% of measures achieved ---100% of eligible savings
2. 70 – 79% of measures achieved --- 90% of eligible savings
3. 60 – 69% of measures achieved --- 70% of eligible savings
4. Less than 60% of measures achieved --- 0% of eligible savings

Year Three Forward:

1. 90 – 100% of measures achieved ---100% eligible savings
2. 80 – 89% of measures achieved --- 90% of eligible savings
3. 70 – 79% of measures achieved --- 70% of eligible savings
4. Less than 70% of measures achieved --- 0% of eligible savings

6. Reports

- a. Reports will be generated as agreed between PEIA, TPA, and Clinic, in writing, a list of reports will be attached hereto as Exhibit 4.
- b. Examples of reports are:
 - i. Capitation comparison.....xxxx
 - ii. Risk pool evaluation.....yyyy
 - iii. Payment distribution of services....zzzz
 - iv. Clinical process and outcome measures.....aaaa

7. Notices and Correspondence

Any notice required or permitted to be given pursuant to this Agreement shall be in writing and shall be either hand-delivered or deposited in the United States mail, by registered or certified mail, return receipt requested, addressed as follows:

HealthSmart TPA

Clinic

Address

Address

Notice shall be effective upon receipt. Either party may change the address to which notices are to be delivered by giving written notice to the other party as provided in this section.

HealthSmart TPA

By: _____

Title: _____

Clinic

By: _____

Title: _____

Exhibit 1

WV PEIA Comprehensive Care Program Provider Agreement

Capitation Rates by Service Category

Capitation rates are based on all services provided by the clinic.

The capitation rate shall be \$_____ per member per month.

Exhibit 2

WV PEIA

Comprehensive Care Program Provider Agreement

Established Budgets

1. Hospital Budget – AA PMPM: Defined as all services performed in a facility with the exception of emergency room.
2. Emergency Room Budget – BB PMPM: Defined as all institutional services performed in an emergency room.
3. Specialist Budget – CC PMPM: Defined as all professional services with the exception of lab (8xxxx CPT4 series) and radiology (7xxxx CPT4 series).
4. Pharmacy Budget – DD PMPM: Defined materials and services rendered by retail, retail maintenance, specialty, and mail order pharmacies.
5. Clinical Lab/Pathology Budget – EE PMPM: Defined as all professional services in the 8xxxx CPT4 series.
6. Radiology Budget – FF PMPM: Defined as all professional services in the 7xxxx CPT4 series.
7. Misc. Budget – GG PMPM: All professional services not included in the Emergency Room, Specialist, Pharmacy, Clinical Lab/Pathology, and Radiology budgets.

Budget reports will be generated quarterly based upon self-funded non Medicare PEIA claims experience and settled annually after 12 complete months of the program as outlined in the agreement. Budget amounts are adjusted for any demographic differences that exist between the enrolled population and the self-funded non Medicare PEIA population. The demographic adjustments are based on the following age / gender calls using a weighted enrollment approach:

- 1) Males, Under age 5
- 2) Males, 5-14
- 3) Males, 15-24
- 4) Males, 24-34
- 5) Males, 35-44
- 6) Males, 45-54
- 7) Males, 55-64
- 8) Males, 65-74
- 9) Males, 75+
- 10) Females, Under age 5
- 11) Females, 5-14
- 12) Females, 15-24
- 13) Females, 24-34
- 14) Females, 35-44
- 15) Females, 45-54
- 16) Females, 55-64
- 17) Females, 65-74
- 18) Females, 75+

Budget Savings Calculation:

Each of the seven budgets will be computed separately under the following model:

Member Months X Budget PMPM = Established Budget

Established Budget – Demographically Adjusted Actual Costs of Services = Gross Savings

Budget Savings Settlement:

To be eligible to participate in the Budget Savings Settlement, the Clinic must meet the Quality Goals outlined in this agreement. The seven budgets will be settled in aggregate under the following model:

Step 1 – Total Budget X 5% will be retained by PEIA for risk management

Step 2 – Determine leakage (claims paid to other providers for office based services for PEIA members enrolled in the program)

Step 3 – Determine the Quality Goal attainment percentage to calculate final budget savings amount:

(Gross savings – Leakage – PEIA Risk Management Fee) X Quality Goal attainment percentage = Net Savings

Step 4 - The Final Budget Savings will be divided:

Clinic - 70%

PEIA - 30%

Exhibit 3

Outcome/ Quality Measures

		<i>Clinic-All Pts Month prior to effective date</i>	<i>Baseline at eff date</i>	<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>
	GOAL						

DIABETES MEASURES: All Pts 18-75 with Type 1 or 2 Diabetes							
% Pts who have had A1c in last 12 months	88%						
% Pts whose last A1c is >9	<30%						
% Pts with Retinal or Dilated Eye Exam in last 12 months	55%						
% Pts with LDL Exam in last 12 months	70%						
% Pts with LDL <100	45%						
% Pts with BP <140/80	70%						

PREVENTIVE CARE MEASURES:							
% Pts 50 years or older with Influenza Vaccination in last 12 months	90%						
% Pts 65 years or older with Pneumococcal Vaccination	90%						
% Women 42-51 years of age with Mammogram Screening	85%						
% Women 52-69 years of age with Mammogram Screening	85%						
% Women 42-69 years of age with Mammogram Screening	85%						
% Women 21-64 with PAP Smear in Last Year	50%						
% Pts 50-80 with appropriate Colorectal Cancer Screening	50%						

OTHER MEASURES							
% Pts 5-56 with Persistent Asthma with Rx for Long-Term Control	80%						
% Adults 16-75 with documented BMI	70%						

Exhibit 4

WV PEIA Comprehensive Care Program Provider Agreements

Listing of Reports

Name	Description	Frequency
Clinic Capitations	Capitation rates based on age/gender for services provided by the clinic	Baseline, quarterly thereafter. Annual report is used to generate savings to plan and clinic
Capitation to FFS Comparison	Fee for Service equivalent for services included in the capitation rate.	Baseline, quarterly thereafter.
Non Capitated Services	Includes services paid to the clinic outside the capitation rate. This report should have no reported dollars paid for enrolled members.	Baseline, quarterly thereafter.
Practice Detail	PMPM costs for participating members who use service from non-Clinic providers	Quarterly
Benchmark Detail	PMPM costs for all PPB Plan members (all but enrolled Clinic members)	Quarterly
Process and Outcome Measures	13 preventative care goals and measures for diabetes, preventative care, asthma and obesity	Baseline and quarterly thereafter

Tab B

Sample Member Packet

Member Letter
Provider Directory
CCP Enrollment Form

Earl Ray Tomblin
Governor



Ted Cheatham
Director

WV Toll-free: 1-888-680-7342 • Phone: 1-304-558-7850 • Fax: 1-304-558-2470 • Internet: www.wvpeia.com

Dear PEIA PPB Plan Member:

PEIA now offers a new option allowing you to receive primary care while paying less. This new option is called the Comprehensive Care Partnership (CCP) Program. Its purpose is to keep you well by promoting the use of primary care health services, identifying health problems early, and maintaining control of any chronic conditions.

Any member who joins the CCP will choose to receive all of his or her primary care from their chosen CCP provider. The CCP provider is responsible for all preventative services, routine sick care, and coordination of care with specialists when needed. **Members who enroll in the CCP Program will have NO co-payments or coinsurance for services at their CCP provider.**

The success of the CCP requires a working partnership that includes your CCP provider, PEIA and YOU.

Your Health Center: Your medical provider and health center will inform you of the recommended health services, provide the preventive services, and be accessible when you need sick care. Your medical provider will work out a plan with you to address your health conditions and risks. Your CCP provider will :

- Remind you when services are due;
- Provide the information you need to care for yourself;
- Maintain an electronic medical record, which includes a summary of key health and preventive care history medicines, and a provision for delivering such information to the member as needed;
- Provide 24 hour telephone access to a medical provider;
- Coordinate with specialists to assure that all information and treatment plans are consistent.

You, the Member: The participating member agrees to:

1. Use your CCP provider for all available health care;
2. Contact his or her CCP provider before receiving medical care, with the exception of emergency cases;
3. Participate in an initial and regular health assessment at least every two years. The purpose of the assessment is to collect the health history and clinical data needed to identify what preventive services are needed, plan the patient's care, and address all healthcare questions.

Enrollment and Disenrollment

Enrollment is simple:

1. Decide that you would like to join the CCP;
2. Review the enclosed provider list and choose the provider location you would like to name as your medical home/primary care provider;
3. Complete the enclosed enrollment form by providing the CCP location of choice and the seven digit provider ID number, then sign it and return it to PEIA at the address provided, or you may give it to a receptionist at one of the health centers;
4. Complete a history questionnaire by mail or telephone.

NOTE: The CCP may not be for you if you want to continue using other primary care providers and/or specialists for much of your health care.

Your CCP will be effective the first day of the month following the month in which your completed enrollment form is received, if it is received no later than the 25th. If the form is received after the 25th, then enrollment may be delayed a month.

Disenrollment is also easy:

If you wish to return to the conventional PEIA program, you may contact PEIA Member Services at 1-888-680-7342, or submit a written request to terminate your CCP membership. Upon your request, you will be returned to the PEIA conventional plan on the first day of the month following the month in which your disenrollment request is received, as long as it is received by the 25th of the month.

PEIA may disenroll members from the CCP program and return them to the conventional PEIA plan at any time if a pattern is identified revealing the use of other primary care providers or multiple specialists without consultation with your CCP medical provider. Disenrollment may also occur if a member is not compliant with CCP treatment plans and recommended preventive care services.

We encourage you to take advantage of this exciting new program by completing the enrollment form enclosed with this letter. If you have questions regarding the CCP, or you wish to request additional information, you may contact PEIA's Member Services Unit at 1-888-680-7342 or 304-558-7850.

Sincerely,

Your PEIA Team

<p align="center">Comprehensive Care Partnership (CCP) Provider Directory</p>
<p>This is a list of all providers participating in the Comprehensive Care Program. Choose a provider, then complete the enrollment form and include the CCP Location and Provider ID Number for each member who will participate in this program. Return the form to PEIA.</p>

County	Provider	Location Name	Address	City	State	Zip	Phone Number	Provider ID
Boone	FamilyCare HealthCenter	FamilyCare – Madison	515 Main Street	Madison	WV	25130	304-369-0393	1671001
Harrison	Mongongahela Valley Assoc of Health Centers	Shinnston Medical Center	1 Columbia Rd	Shinnston	WV	26431	304-592-1040	1732001
Braxton	Community Care of West Virginia	Braxton Health Associates	617 River St	Gassaway	WV	26624	304-364-8941	1672001
Clay	Community Care of West Virginia	Big Otter Clinic	797 Clinic Rd	Ivydale	WV	25113	304-286-4200	1676001
Cabell	Valley Health Systems	A Woman's Place	1630 13th Ave	Huntington	WV	25701	304-697-2014	1682001
Cabell	Valley Health Systems	Valley Health Associates	1301 Hal Greer Blvd	Huntington	WV	25701	304-525-0572	1686001
Wayne	Valley Health Systems	Valley Health Westmoreland	2908 Auburn Rd	Huntington	WV	25704	304-781-5800	1695001
Cabell	Valley Health Systems	Youth Health Center (Valley Health Southside	723 9th Ave	Huntington	WV	25701	304-529-0645	1688001
Cabell	Valley Health Systems	Valley Health Highlawn	2585 3rd Ave	Huntington	WV	25703	304-781-5139	1689001
Cabell	Valley Health Systems	Cabell Midland High Health Center	2300 US Rt 60 East	Ona	WV	25545	304-743-7331	1691001
Cabell	Valley Health Systems	Huntington High Health Center	#1 Highlander Way	Huntington	WV	25701	304-528-6445	1692001
Wayne	Valley Health Systems	Spring Valley High Health Center	#1 Timberwolf Dr	Huntington	WV	25704	304-429-1764	1693001
Cabell	Valley Health Systems	Valley Health Milton	1 Harbour Way	Milton	WV	25541	304-743-1407	1706001
Cabell	Valley Health Systems	Valley Health Prestera Ft 60	3375 US Rt 60, East	Huntington	WV	25705	304-399-7770	1710001
Cabell	Valley Health Systems	Huntington Middle School	925 3rd St	Huntington	WV	25701	304-528-2070	1702001
Cabell	Valley Health Systems	Valley Health East Huntington	3377 US Route 60	Huntington	WV	25705	304-399-3310	1730001
Cabell	Marshall Health	Marshall Medical Center - Family Medicine	1600 Medical Center Dr, 1st Fl	Huntington	WV	25701	304-691-1100	1735001
Cabell	Marshall Health	Village Medical Center	659 Central Ave	Barboursville	WV	25504	304-736-5247	1737001
Cabell	Marshall Health	Byrd Clinical Center - Internal Medicine	1249 15th St, 2nd & 3rd Floor	Huntington	WV	25701	304-691-1000	1739001
Cabell	Marshall Health	Marshall Medical Center -	1600 Medical Center Dr,	Huntington	WV	25701	304-691-1300	1740001

		Pediatrics	3rd Fl					
Cabell	Marshall Health	Pediatric Now Care at HIMG	5170 Rt 50 E, Door D	Huntington	WV	25705	304-399-4422	1741001
Cabell	Marshall Health	Pediatrics at 3rd Ave	2915 3rd Ave	Huntington	WV	25702	304-691-8870	1742001
Clay	Community Care of West Virginia	Big Otter Elementary Wellness Center	1 Big Otter Highway	Ivydale	WV	25113	304-286-2838	1677001
Clay	Community Care of West Virginia	Clay Elementary School Wellness Center	168 Church St	Clay	WV	25043	304-587-6045	1678001
Clay	Community Care of West Virginia	Clay Middle School Wellness Center	236 Church St	Clay	WV	25043	304-587-4375	1679001
Clay	Community Care of West Virginia	Clay High School Wellness Center	1 Panther Dr	Clay	WV	25043	304-587-2867	1680001
Clay	Community Care of West Virginia	Primary Care Systems, Inc	122 Center St	Clay	WV	25043	304-587-7301	1681001
Harrison	Community Care of West Virginia	West Milford Health Center	PO Box 218, 924 W Livery St	West Milford	WV	26451	304-745-4568	1595001
Fayette	New River Health Association	New River Family Health Center	908 Scarbro Rd, PO Box 337	Scarbro	WV	25917	304-469-2905	1712001
Fayette	New River Health Association	New River Health Womens Health & Family Practice	57 Sutphin Lane	Scarbro	WV	25917	304-469-2981	1713001
Fayette	New River Health Association	North Fayette Family Health Center	221 W Maple Ave	Fayetteville	WV	25840	304-574-3960	1714001
Fayette	New River Health Association	Collins Middle School Based Health Center	604 Jones Ave	Oak Hill	WV	25901	304-469-4875	1718001
Raleigh	New River Health Association	Mt Hope Elementary School Based Health Center	204 S Mountain Ave	Mount Hope	WV	25880	304-877-9133	1720001
Fayette	New River Health Association	New River Elementary School Based Health Center	262 Oyler Ave	Oak Hill	WV	25901	304-465-2171	1721001
Fayette	New River Health Association	Oak Hill High School Based Health Center	350 Oyler Ave	Oak Hill	WV	25901	304-469-6331	1722001
Pocahontas	Community Care of West Virginia	Community Care of Marlinton	RR 2 Box 386	Marlinton	WV	24954	304-799-4404	1673002

Hancock	Family Care - Change	Family Medical Care Women's Health Division	651 Colliers Way, Suite 401	Weirton	WV	2606 2	304-723-2192	1728001
Hancock	Family Care - Change	Family Medical Care Family Practice	3136 West St.	Weirton	WV	2606 2	304-748-2828	1729001
Kanawha	Cabin Creek Health System	Cabin Creek Health Center	5722 Cabin Creek Dr	Dawes	WV	2505 4	304-595-5006	1618001
Kanawha	Cabin Creek Health System	Clendenin Health Center	301 Elk River Rd	Clendenin	WV	2504 5	304-548-7272	1620001
Kanawha	Cabin Creek Health System	Indian Health Center	Sissonville High School 6100 Sissonville Dr	Sissonville	WV	2531 2	304-984-1361	1629001
Kanawha	Cabin Creek Health System	Pioneer Health Cneter	Eastbank Middle School (1st & Brannen St	Eastbank	WV	2506 7	304-949-3591	1630001
Kanawha	Cabin Creek Health System	Riverside Health Center	One Warrior Way Suite 103	Belle	WV	2501 5	304-949-3591	1619001
Kanawha	Cabin Creek Health System	Sissonville Health Center	7133 Sissonville Drive	Sissonville	WV	2532 0	304-984-1576	1621001
Kanawha	Cabin Creek Health System	Kanawha City Health Center	4602 MacCorkle Ave, SE	Charleston	WV	2530 4	TBD	1744001
Kanawha	FamilyCare HealthCenter	FamilyCare – Patrick St	116 Hills Plaza	Charleston	WV	2538 7	304-720-4466	1667001
Kanawha	FamilyCare HealthCenter	FamilyCare – Pennsylvania Ave	830 Pennsylvania Ave, Suite 402	Charleston	WV	2530 2	304-343-4177	1669001
Kanawha	FamilyCare HealthCenter	FamilyCare – Kanawha City	4408 MacCorkle Ave	Charleston	WV	2530 4	304-925-1218	1670001
Kanawha	FamilyCare HealthCenter	Family Care -St. Albans	12 Kanawha Terrace	St. Albans	WV	2517 7	304-201-1130	1668001
Kanawha	FamilyCare HealthCenter	Mary C. Snow West Side Elementary Health Center (Pediatrics only)	100 Florida Street	Charleston	WV	2530 2	304-414-40156	1726001
Kanawha	Valley Health Systems	Upper Kanawha Medical Center	408 Alexander Street	Cedar Grove	WV	2503 9	304-595-1770	1687001
Upshur	Community Care of West Virginia	Tri-County Health Clinic	PO Box 217, Intersection of R4 & 20S,	Rock Cave	WV	2623 4	304-924-6262	1613004
Lincoln	Valley Health Systems	Harts Health Center	22 Fleming Dr	Harts	WV	2552 4	304-855-4595	1685001

Marion	Mongongahela Valley Assoc of Health Centers	MVA Fairmont Clinic	1322 Locust Ave	Fairmont	WV	26554	304-367-8740	1731001
Marion	Mongongahela Valley Assoc of Health Centers	East Fairmont HA Wellmess Center	1993 Airport Road	Fairmont	WV	25664	304-367-0654	1733001
Marion	Mongongahela Valley Assoc of Health Centers	North Marion HS Wellness Center	1 North Marion Dr	Farmington	WV	26571	304-986-2550	1734001
Mason	Valley Health Systems	Valley Health Gallipolis Ferry	15167 Huntington Rd (PO Box 97)	Gallipolis Ferry	WV	25515	304-675-5725	1696001
Mason	Valley Health Systems	Valley Health Pt Pleasant Pediatrics	2801 Jackson Ave	Point Pleasant	WV	25550	304-675-4107	1697001
Mason	Valley Health Systems	Valley Health Pt Pleasant Women's Health	2520 Valley Dr, Suite 214	Point Pleasant	WV	25550	304-675-3405	1698001
Mingo	Valley Health Systems	Steptown Community Health Center	3 Adena Drive (P.O. Box 716),	Kermit	WV	25674	304-393-4090	1699001
Nicholas	New River Health Association	Richwood School Based Health Center	2 Valley Ave	Richwood	WV	26261	304-846-2211	1723001
Nicholas	New River Health Association	Summersville School Based Health Center	30 Grizzly Rd	Summersville	WV	26651	304-883-3900	1724001
Pocahontas	Community Care of West Virginia	Northern Pocahontas County Health Center	PO Box 253, 250 Main St	Durbin	WV	26264	304-456-5115	1675001
Putnam	FamilyCare HealthCenter	FamilyCare – Teays Valley	301-6 Great Teays Blvd	Scot Depot	WV	25560	304-757-6999	1727001
Putnam	FamilyCare HealthCenter	WomenCare Women's Health & Birth Center	3911 Teays Valley Rd	Hurricane	WV	25526	304-757-4845	1665001
Putnam	FamilyCare HealthCenter	FamilyCare – Eleanor	503 Roosevelt Blvd	Eleanor	WV	25070	304-586-0001	1666002
Putnam	Valley Health Systems	Valley Health Hurricane	3701 Teays Vally Rd, Suite B	Hurricane	WV	25526	304760-6040	1690001
Putnam	Marshall Health	Internal Medicine at Putnam	1401 Hospital Dr, Suite 101	Hurricane	WV	25526	304-757-6891	1738001
Putnam	Marshall Health	Pediatrics of Teays Valley	179 Station Place, Suite 200	Hurricane	WV	25526	304-691-8870	1743001

Raleigh	New River Health Association	Gulf Family Practice	410 W Main St	Sophia	WV	25921	304-683-4304	1715001
Fayette	New River Health Association	Coal City Elementary School Based Health Center	900 Independence Ln	Coal City	WV	25812	304-638-6904	1717001
Raleigh	New River Health Association	Independence High School Based Health Center	850 Independence Ln	Coal City	WV	25823	304-683-6905	1719001
Randolph	Community Care of West Virginia	Little Meadow Health Center	PO Box 27, 100 Pickens Rd	Helvetia	WV	26224	304-924-5453	1674001
Upshur	Community Care of West Virginia	CareXpress & Pediatrics	11 North Locust St	Buckhannon	WV	26201	304-473-1440	1641003
Wayne	Valley Health Systems	Fort Gay Health Center	71 Wayne St	Ft Gay	WV	25514	304-648-5544	1700001
Wayne	Valley Health Systems	Wayne Health Services	203 Kenova Ave	Wayne	WV	25570	304-272-5136	1701001
Wayne	Valley Health Systems	Wayne High Health Center	100 Pioneer Rd	Wayne	WV	25570	304-272-3783	1694001
Wayne	Marshall Health	Family Medicine of Lavalette	4600 Rt 152	Lavalette	WV	25535	304-697-9470	1736001

Comprehensive Care Partnership (CCP) Enrollment Form

Policyholder Name: _____ Address: _____

PEIA ID Number: _____

Insurance effective date: _____

Daytime Phone: _____ E-mail: _____

Covered Individuals (Only individuals listed below will be enrolled)	Date of Birth	Relationship to Policyholder (Self, Spouse, Child)	CCP Location Include Name of Facility and Provider ID Number
			Facility: _____ Provider ID Number: _____
			Facility: _____ Provider ID Number: _____
			Facility: _____ Provider ID Number: _____
			Facility: _____ Provider ID Number: _____
			Facility: _____ Provider ID Number: _____
			Facility: _____ Provider ID Number: _____

I agree that the above-listed persons carried on my PEIA PPB Plan coverage will participate in the CCP program at the above-listed health care provider. I agree the above-listed person(s) will abide by the rules, policies and restrictions of the CCP program.

Policyholder signature: _____ Date: _____

Please return this form to: **WV PEIA, Attn: CCP, State Capitol Complex, 1900 Kanawha Blvd East, Charleston, WV 25305-0710**. Coverage in the CCP will be effective on the first day of the month following the month we receive your enrollment form, if received before the 25th of the month.

CCP Sample CCP Member ID Card

Earl Ray Tomblin
Governor






Ted Cheatham
Director

WV Toll-free: 1-888-680-7342 Phone: 1-304-558-7850 Fax: 1-877-233-4295 Internet: <http://www.wvpeia.com>

Date: Apr-17-2013



This is your temporary ID card

 Public Employees Insurance Agency	
Medical & Prescription Drug Card	
EMPLOYEE NAME	FAMILY CARE - ST. ALBANS
7700	CCP
EMPLOYEE IDENTIFICATION	HealthSmart Benefit Solutions #7770
 EXPRESS SCRIPTS*	RxBin 003858 RxPcn A4 RxGrp WVAA
THIS CARD DOES NOT PROVE MEMBERSHIP NOR GUARANTEE COVERAGE	
MEDICAL BENEFITS For medical claims, benefit information, eligibility or precertification, call 888.440.7342. Please submit all medical claims to: HealthSmart Benefit Solutions, Inc., P.O. Box 2451, Charleston, WV 25329-2451 EDI #: 87815 http://www.healthsmart.com	
PRESCRIPTION BENEFITS: Express Scripts: For drug claim information or to locate a participating pharmacy in your area, visit www.express-scripts.com or call member service at 877.256.4680. Please have this card available when you call.	
PHARMACISTS: Please obtain positive identification of the member presenting this card. For Pharmacist Help Desk call 877.256.4680. Submit all prescription drug claims to Express Scripts, P.O. Box 66583, St. Louis, MO 63166	
 000000000001	

This is your temporary ID card. If you have chosen a medical home provider (MHP) or if you are participating in the Comprehensive Care Program (CCP), this is your MHP/CCP ID card. Please show this ID card to your MHP/CCP provider at the time of your next visit.

601 57th St. SE, Suite 2, Charleston, WV 25304-2345

An equal opportunity employer